

Abbeyfield Society (The)

Jim Gillespie House

Inspection report

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Date of inspection visit:
24 May 2018

Date of publication:
15 June 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Jim Gillespie House is a residential care home for up to 30 older people. The service is provided over two floors with a lift to enable people to move around independently, and a secure garden.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risks of abuse because staff were trained in recognising and reporting any safeguarding concerns. The registered manager checked staff were suitable for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely. The housekeeping staff followed best practice guidance to keep the home clean.

Risks to people's individual health and wellbeing were identified with the person and their representative and care was planned to minimise the identified risks. The provider and registered manager regularly checked that the premises, essential supplies and equipment were safe for people to use.

People were cared for and supported by staff who had the skills and training to meet their needs effectively. People were supported to eat and drink enough to maintain a balanced diet that met their preferences. People were referred to other healthcare services when their health needs changed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People, relatives and staff felt well cared for. The registered manager and staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities. Staff respected people's right to privacy and supported people to maintain their dignity. People were supported and encouraged to socialise and to engage in stimulating activities. People and relatives were confident any concerns or issues they raised would be dealt with promptly.

People and relatives knew the registered manager well and were invited to share their views of the service through regular meetings and questionnaires. Staff were inspired by the registered manager's leadership, skills and experience to provide a quality service. The registered manager and provider regularly checked the quality of the service to make sure people's needs were met safely and effectively. The service people received was in accordance with the fundamental standards of care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jim Gillespie House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 24 May 2018 and was unannounced. The inspection was undertaken by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of supporting an older person who lived with dementia.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

We also reviewed the information we held about the service. We looked at information received in the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection visit we spoke with five people who lived at the home, three relatives, the registered manager, two care staff and a cook.

We observed care and support delivered in communal areas and we observed how people were supported to eat and drink at lunch time. We reviewed one person's care plans and daily records, staff recruitment records and management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at our previous inspection in December 2015. The rating continues to be Good.

Everyone we spoke with told us they felt safe at the home, because they felt safe in their premises and trusted the staff. One person told us, "I've no sense of fear here. I have faith in the staff, that they will do the right thing." The provider's safeguarding and whistle-blowing policies protected people from the risks of harm and reflected the local safeguarding board's procedures. Staff had training in safeguarding and understood their responsibility to report any concerns about people's health, safety or wellbeing.

People's individual risks were assessed and their care plans explained the actions staff should take to support them safely, while maintaining as much independence as possible. People and relatives told us staff took the actions as agreed in their care plans to minimise their personal risks and maintain a safe environment.

The provider's health and safety policies ensured the provider, registered manager and staff knew their individual responsibilities for checking the premises, supplies and equipment were well maintained and regularly serviced. People told us the fire alarm was tested regularly and said staff always reassured them that the alarm was to test the system and fire safety procedures. The provider's contingency plans included offering people choices about how they would continue to be supported when unexpected incidents related to the premises occurred.

We saw there were enough staff to support people safely and according to their needs during our inspection. People told us there were always enough staff. They said staff came promptly when they rang their call bell. Staff told us the registered manager used their knowledge of people's individual needs and changes in their dependencies to make sure there were enough staff on duty at each shift. The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

Medicines were managed and administered safely and in line with the guidance issued by the National Institute of Clinical Excellence (NICE). People told us they received their prescribed medicines when they needed them. Staff were trained in safe medicines administration and their competency was regularly checked. Risk assessments had been completed for those people who were able to manage and administer their own medicines.

The systems and processes for the prevention and control of infection were effective. People and relatives told us, "It's just as we would wish it, nice and clean" and "Hygiene seems spot on." Staff training in infection prevention and control, combined with schedules for daily, weekly and monthly cleaning tasks across the whole home, ensured risks related to infection were minimized.

Lessons were learned and improvements were made when things went wrong. When unexpected problems

with the heating system had occurred, the provider postponed the planned extension to the home, to prioritise a resolution to the problem in the original building.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in December 2015. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's needs and choices were assessed and their care and support were delivered in line with their wishes and needs. The registered manager used nationally recognised risk assessment tools to assess people's needs. Care plans included individual goals to support people with their health and promote their independence.

People and relatives told us staff had the right skills and attitude to support them effectively. People told us, "If I need help they are there," and "I have no issues with staff, they are very good." A relative told us, "Staff find ways to communicate with [Name]." A member of staff told us they adapted to people's needs and used, "Written words to speak with people who can't hear." Staff attended training in subjects that reflected people's needs, such as in dementia awareness and in 'moving and repositioning people' who were unable to move independently. New staff shadowed experienced staff during their induction to the service and studied for the care certificate, which includes the fundamental standards of care expected of all health and social care staff. Staff were supported to obtain nationally recognised qualifications in health and social care.

People were supported to eat and drink enough to maintain a balanced diet. Seasonal menus were planned on a four weekly basis, according to people's likes and dietary needs, with a choice of meals and puddings. People's nutritional risks, dietary needs, preferences and any allergies were recorded in their care plans and in a folder in the kitchen. People told us, "The food is very good. The chef comes up and asks me what I want." One person who was on a restricted diet told us the cook made sure they had fat-free butter and 'special' custard. People could choose to eat in the dining room or their own room. We saw staff sat and ate a meal with people in the dining room, which made lunch a social occasion.

Staff shared information about changes in people's appetites, moods and health at handover meetings at the beginning of each shift. People's daily records were updated to make sure all staff knew of any changes in how people were supported or cared for. Visits from healthcare professionals were recorded, including the advice given, which ensured people received the support they needed to maintain and improve their health. People and relatives told us they were supported to obtain advice and treatment from GPs, chiropodists and opticians.

The premises were purpose built with wide corridors and easy access to the communal areas. People's names and photos were on their bedroom doors to enable them to find their rooms easily. The communal dining room and large lounge were at the centre of the building which meant everyone could access them from a short walk away.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities under the MCA. They had applied to the supervisory authority for the right to deprive a person of their liberty when their care and support included restrictions in the person's best interests. Staff understood the principles of the MCA and checked people consented to care. People told us, "I've never been asked to do anything I didn't want to do" and "I come and go as I like - no restrictions."

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection in December 2015, because they felt staff cared about them. The rating continues to be Good.

People told us they were supported by kind and caring staff. People told us, "They are very willing, kind and patient" and "Everybody is fine with me." Relatives told us, "Staff are genuinely caring and nothing is too much trouble" and "Staff care and are interested in [Name]." A relative told us about a member of staff who visited the home on their day off, especially to support people to attend a celebratory event in the garden. Another member of staff told us they volunteered to work as a 'befriender' for people when they first moved into the home, to get to know them and make them feel welcome to the home.

People's care plans included information about their health and emotional needs, which enabled staff to understand people's concerns and motivations. People were asked about their preferences for how they were cared for and supported, to enable staff to provide a person-centred service. Risk assessments included assessments of people's ability to understand information, to communicate with others, and their preferences to socialise. A member of care staff told us about one person who was not able to express themselves verbally. They told us they watched the person's facial expression, body language and their response to staff's approach, to understand the person's needs.

People's care plans included a personal profile, which included their culture, religion and important family relationships, which helped staff to understand the person and to get to know them as an individual. This enabled staff to adapt their approach, dependent on the person's preferences.

The registered manager's 'key worker' system ensured everyone had a named member of staff to talk to, confide in, to look after their interests and develop an individual relationship of trust. The policy ensured everyone had a friend to represent them, to get to know them well and make sure their needs were met through regular care plan reviews. Staff had training in equality, diversity and human rights, which helped them to understand people's personal, cultural and religious traditions.

People told us they felt involved in how they were cared for, because they chose how and when they were supported with personal care, eating, drinking and healthcare. They told us staff respected their opinions and decisions. A relative told us staff respected their relation's decision to decline some specific support that staff had offered to minimise risks to their skin. Their relation was confident that staff would be ready to support them in the future, if they changed their mind.

People and relatives told us staff were respectful and promoted people's independence and dignity. They told us they were supported to bathe or shower when they wished and as frequently as they wished. People told us, "Staff are very respectful" and "I told them what I don't want and they know that now." A relative told us the door knocker on everyone's bedroom door was an indication of the staff team's understanding of people's right to privacy. They told us cleaning staff always knocked and asked, "Is it okay if we clean now?" before they came in the room.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection in December 2015. The rating continues to be Good.

People and relatives told us they were involved in planning their care. People told us, "[Name of staff] came to the house and discussed our needs, my [Name of relative] was there" and "We have a care plan. It's been revised. I've signed it on one or two occasions." Records showed people or their representative signed their care plans, which demonstrated they had discussed their needs and agreed with how they would be supported.

Relatives told us staff were knowledgeable about their relation's needs and abilities and were always available to keep them up to date with any changes. Staff recorded how people were, whether they had eaten well and how they spent their day. They shared this information at the handover meeting, with the registered manager and with people's families. When changes in people's needs or abilities were identified, their care plans were updated.

Care plans included a social care plan, which explained how people liked to spend their time. People told us staff understood them well, responded to them as individuals and took an interest in their thoughts and views. Two people told us they were no longer able to pursue their previous hobbies, but said they were invited to take part in activities that stimulated them mentally and physically. People were supported to maintain their religious and cultural traditions.

The weekly list of activities on offer was advertised outside the dining room and a copy was given to everyone for their room. Activities included music, afternoon tea and games. People told us, "If there are any activities, I'm there. I have a weekly (activities) plan" and "A lady does a bit of dancing exercises, I take part in that and a dog comes in. I do the quiz and bingo, it keeps your head going." One relative told us that some people enjoyed, "Chatting and having conversations" with staff. Another relative told us staff were "Flexible" and "Good at supporting people", when their behaviour challenged others. Staff told us they enjoyed talking with people and doing thought provoking activities, such as crosswords, dominoes and quizzes together

The registered manager promoted people's independence and involvement by arranging regular meetings for them to discuss how the home was run. We saw everyone had a service user guide in their bedroom, so they knew what services were available at the home, and were invited to house meetings every other month.

The provider's complaints policy was effective and easy for people to use. People told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. The registered manager told us they had responded to two complaints in the previous 12 months, both of which had been resolved within 28 days. The two complaints were about different issues, so no trends were identifiable. The registered manager showed us the many 'thank you' cards and letters they had received from relatives. The compliments were mostly about staff's kindness and the activities and events that relatives had attended.

People's care plans included their wishes and preferences for how they would be cared for at the end of their life, where the person or their relatives were happy to discuss this eventuality. Staff had training in supporting people at the end of their life and in supporting bereaved relatives.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be as well-led as at our previous inspection in December 2015. The rating continues to be Good.

The home was well-led. The provider, registered manager and staff had a shared purpose to put people at the centre of care. Staff were taught about the "Abbeyfield Way" during their induction to the home, to ensure everyone was treated with compassion, kindness and respect. People and relatives told us the service was well-led and well managed. They told us they saw the manager around the home most days and sometimes had a conversation with them. People said, "They (the manager and staff) seem good together", "The manager is lovely" and "The staff are good because they care. That comes from the manager doesn't it?" A relative told us, "It does work here. I wouldn't want [Name] to be anywhere else." Staff said, "We want to do well, to do our best" and "We want to make people happy, to accommodate everyone according to their needs."

Staff told us they enjoyed working at the home because they felt supported by the registered manager. They told us they attended regular training, one-to-one supervision meetings and team meetings. They told us the registered manager was well liked because they were "Fair" and "very calm." The registered manager had previously worked at the home as a member of care staff, then deputy manager before becoming the manager, which encouraged staff to consider their own professional development. One member of staff told us, "The staff and management are the best I have ever worked with. They always sort out issues and are very supportive. I can go to the office any time."

The manager had been registered with us since November 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood the responsibilities of being a registered person. They sent us statutory notifications about important events at the service. The ratings of our previous inspection were displayed at the entrance to the home.

The registered manager conducted regular quality assurance checks and audits. They checked people's care plans were regularly reviewed and up to date, that staff responded to call bells promptly and that medicines were managed and administered safely. The registered manager analysed accidents and incidents and took action when they identified any trends or patterns. When they identified one person had fallen once in three successive months, they had obtained the advice of a GP to check whether there was any action they could take to minimise the risks of a re-occurrence.

The registered manager worked in partnership with other agencies such as the local clinical commissioning group (CCG). The CCG had recently completed an audit of medicines management at the home and had found 'no issues' with how medicines were managed or administered.

The provider conducted annual health and safety checks of the service and an area manager made regular quality monitoring visits to the home to make sure the quality of the service was maintained across the group of homes. The registered manager submitted an annual 'audit and inspection' report to the provider, to provide assurance that the service was managed safely and effectively. The registered manager told us that any action plans resulting from their reports were shared at a national level, to enable the provider to share their learning and make consistent improvements across the group of services.

The provider's quality assurance system included an annual survey of people who lived at the home. People were asked questions related to whether they felt the service was safe, effective, caring, responsive and well led. People and relatives told us they 'could not think of anything that required improving'. The registered manager had regular meetings for people and relatives to make sure they had an opportunity to give regular feedback about their experience of the service. The minutes of the meetings, and any agreed actions, were displayed outside the dining room, to make sure people who did not attend the meetings were kept informed.